

## **INFORMATION AND REQUEST FOR GOOD CAUSE EXEMPTION FOR REFUSAL TO COOPERATE IN IDENTIFYING AND PROVIDING THIRD PARTY LIABILITY INFORMATION**

You are required to cooperate with the Utah Department of Health or Department of Workforce Services in identifying and providing information to assist the State in pursuing any third party which may be liable to pay for care and services for receipt of Medical Assistance.

Cooperation in identifying and providing third party liability information may require you to do the following:

1. Appear at a State or local Department of Health or Department of Workforce Services Office to provide information or evidence relevant to the case;
2. Appear as a witness at a court or other proceeding;
3. Identify liable third parties and provide information, or attest to lack of information, under penalty of perjury;
4. Pay to the State any support or medical care funds received covered by the assignment of rights; and
5. Take any other reasonable steps to assist in establishing paternity, in securing medical support, or in obtaining third party payments.

If you fail to cooperate without GOOD CAUSE, you may be determined ineligible for Medical Assistance.

You may request a "good cause" exemption if you believe participation in a paternity and/or child support action would result in:

1. Serious physical or emotional harm to your child(ren); and/or
2. Physical or emotional harm to yourself that would be so serious that you could not care for your child(ren) adequately.

You may also claim this exemption if:

1. The child for whom you seek assistance was conceived as a result of incest or forcible rape; or
2. Legal proceedings for adoption of your child(ren) are pending before a court; or
3. You are currently being assisted by a public or licensed private social agency to resolve the issue of whether to keep the child(ren) or relinquish him/her for adoption, and the discussions have not gone on for more than 3 months.

If you claim the "good cause" exemption because you believe you or your child(ren) will suffer serious physical or emotional harm, you must provide the following types of information to support your claim:

1. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which indicate that any third party payer **might** inflict physical or emotional harm on you or your child(ren), (Example: police or hospital records verifying a past event of such abuse); and/or
2. Medical records, or written statements from a mental health worker, that indicate past or present emotional health status of you or your child(ren). (Example: a statement from a social worker indicating that the worker believes that you or your child(ren) have been emotionally harmed, or are currently afraid of, a third party. The worker could also state that he/she believes that you or your child(ren) will suffer more emotional harm if you are required to participate in such legal actions) and/or
3. Sworn statements from individuals other than yourself acknowledging that the individual has personal knowledge of the basis of your claim. (Example: a statement from a friend verifying that he/she knows that you or your child(ren) have previously been physically or mentally abused, and how the individual knows of this (they saw you with a black eye, etc.).

If you claim the "good cause" exemption for reasons other than the physical or emotional harm, you must provide:

1. Birth certificates or medical or law enforcement records which indicate that the child was conceived as the result of incest or forcible rape; and/or

2. Court documents or other records which indicate that legal proceedings for adoption are pending; and/or
3. A written statement from a public or licensed private social agency that you are being assisted by the agency to resolve the issue of whether or not to keep the child(ren); and/or
4. A sworn statement from an individual, other than yourself, who knows of the circumstances of your claim.

You have 20 days from the date you asked for "good cause" to provide the described types of evidence. If you have difficulty obtaining such evidence as police records, medical records, etc., you should contact your Bureau of Eligibility or Department of Workforce Services Worker or team supervisor and request their help.

After examination of the evidence you submit, the agency may request additional evidence. The agency will:

1. Promptly notify you that more evidence is needed;
2. Specify the type of evidence needed;
3. Upon request from you the office will advise you how to obtain the necessary evidence and if you are unable to obtain such evidence, the office will make a reasonable effort to obtain it.

The agency will make a decision regarding your claim for a "good cause" exemption within 45 days of your request. They will:

1. Notify you **in writing** of their decision.
2. Tell you why they made the decision.
3. Enter the information into your Medicaid casefile.

If the agency determines that good cause **does not** exist, you must then either:

1. Cooperate; or
2. Withdraw your application for assistance; or
3. Have **your** portion of the case closed; or
4. Contest the agency's decision.

To contest the agency decision you may request an agency conference and/or a fair hearing. At both the agency conference and fair hearing you may have someone else represent you and have anyone you desire attend.

I, \_\_\_\_\_, have read the above information regarding my rights to claim a "good cause" exemption for refusal to cooperate in proceedings involving the identification of and cooperation in providing medical third party liability information.

- ☐ I do not request to claim "good cause" exemption at this time.
- ☐ I do request a "good cause" exemption of my participation in medical third party liability information.

I also request that the agencies involved **shall not** proceed with such actions without my participation. Furthermore, I request that full medical assistance be provided to myself and my child(ren) pending the decision of this request. I shall provide supporting evidence and documents to the Bureau of Eligibility or Department of Workforce Services Office within 20 days of this request.

I verify that I have been given a signed copy of this request on this date.

\_\_\_\_\_  
Signature of Applicant/Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date